PC-PTSD 4-Question Screening Tool

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to?  
   Yes  No  
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
   Yes  No  
3. Were constantly on guard, watchful, or easily startled?  
   Yes  No  
4. Felt numb or detached from others, activities, or your surroundings?  
   Yes  No  

"Yes" to three (3) items or more it is considered "positive" and consistent with symptoms of PTSD.